

State of New Jersey
 Department of Environmental Protection
 SOLID WASTE FACILITY PERMIT APPLICATION FORM

READ REQUIREMENTS - FOLLOW INSTRUCTIONS CAREFULLY - PLEASE PRINT OR TYPE

- 1a. Applicant/Owner* _____ Telephone () _____
 Permanent Legal Address _____
 City or Town _____ State _____ Zip Code _____
 Federal Tax I.D. or S.S. # _____
- 1b. Applicant/Operator _____ Telephone () _____
 Permanent Legal Address _____
 City or Town _____ State _____ Zip Code _____
- 1c. Co-Permittee** _____ Telephone () _____
 Permanent Legal Address _____
 City or Town _____ State _____ Zip Code _____

FOR OFFICIAL USE

FILE NO. _____ DATE RECEIVED _____

PROJECT MANAGER _____ PROJECT ENGINEER _____

PERMIT TYPE _____ TELEPHONE () _____

FEES BILLED _____ DATE _____ DATE _____ DATE _____

 RECEIVED _____ DATE _____ DATE _____ DATE _____

2. Location of Work _____
Name of Facility, if applicable _____
Address (Street/Road) _____
Lot No. _____
Block No. _____
E.P.A. # _____
Municipality _____ County _____

3. Give name of: Engineer

Name _____ N.J. License No. _____
Name of Firm _____
Address (Street/Road) _____
City or Town _____ State _____ Zip Code _____
Municipality _____ County _____
Telephone () _____

4. This is an application for _____ Permit
(Name of permit, certification, approval, jurisdictional determination
or exemption.)

I. Application for: (Circle A. or B.)

- A. New Facility
- B. Existing Facility - Indicate (Expansion/Closure/Disruption
_____).

II. Facility Type:(Circle appropriate letters.) (Separate application
for each)

- | | |
|--|--|
| A. Sanitary Landfill | F. Shredder |
| B. Incinerator | G. Baler |
| C. Compost | H. Disruption |
| D. Chemical Processing &
Treatment Facility | I. Transfer Station/
Material Recovery Facility |
| E. Transfer Station | X. Other |

III. Waste Type: (Circle all types of waste requested for acceptance at this facility by numbers.)

- | | |
|---|----------------------------------|
| 10. Municipal Waste (household, commercial and institutional) | 72. Bulk Liquid and Semi-Liquid |
| 12. Dry Sewage Sludge | 73. Septic Tank Clean-Out Wastes |
| 13. Bulky Waste | 74. Liquid Sewage Sludge |
| 23. Vegetative Waste | |
| 25. Animal and Food Processing Wastes | |
| 27. Dry Industrial | |

IV. Facility Life and Capacity: **YEARS** **TONS** **CUBIC YARDS**

A. Proposed Facility Estimate _____

B. Facility Expansion Estimate _____

V. Identification Numbers:

A. Facility Registration # _____

B. Federal Employer ID # _____

C. Social Security # _____

D. Certificate of Public Convenience & Necessity (CPCN) # _____

Is (Will) this facility (be) under BPU regulation?

_____ Yes _____ No

USE ADDITIONAL PAPER, IF REQUIRED, IN ORDER TO GIVE FULL AND COMPLETE DISCLOSURES TO THE FOLLOWING ITEMS.

VI. Type of Organization: (Circle appropriate letter.)

- | | | |
|-------------------|-------------------------|-----------------------|
| A. Proprietorship | D. Municipal Government | G. Authority |
| B. Partnership | E. County Government | H. Federal Government |
| C. Corporation | F. State Government | X. Other |

VII. PARTNERSHIP DATA

- A. State the name and address of each partner, including silent or limited, and their interest:

PROPORTION	NAME	ADDRESS	OF INTEREST

B. Registered in State of: _____ County of: _____

C. Date of Filing: _____

D. Agent's Name _____

Street Address _____ Telephone () _____
City _____ State _____ Zip Code _____

VIII. CORPORATE DATA:

A. Date of Incorporation _____

B. Registered Agent (Name) _____
(Address) _____

C. Corporate Officers:

OFFICIAL TITLE	NAME	BUSINESS ADDRESS

D. Directors:

NAME OF DIRECTOR	RESIDENCE	TERM OF OFFICE

E. Identify below any individual, corporation or other business organization having ownership or a controlling interest in the applicant. If applicable, the chain of ownership or control should be traced to the main parent company.

NAME _____

ADDRESS _____

NATURE OF CONTROL _____

F. Principal Security Holders and Voting Power. Identify owner(s) of all securities in the applicant corporation having more than ten (10) percent of value.

NAME	ADDRESS	TYPE OF SECURITIES*	NUMBER OF VOTES

*(Common stock, Preferred stock, etc.)

5. Other Permits Applied for or Obtained

<u>PERMIT TYPE</u> (Use additional sheets if necessary)	<u>N.A.</u>	<u>APPLICATION STATUS</u>		<u>Date Applied for or Project Number</u>
		<u>Pending</u>	<u>Approved</u>	
5.1 CAFRA.....				
5.2 Waterfront Development.....				
5.3 Tidal or Coastal Wetlands.....				
5.4 Freshwater Wetlands Permit.....				
5.5 Freshwater Wetlands Transitional Area Waiver (after July 1, 1989).....				
5.6 Stream Encroachment....				
5.7 Water Quality Certificate (Section 401).....				
5.8 Open Water Fill.....				

<u>PERMIT TYPE</u> (Use additional sheets if necessary)	<u>N.A.</u>	<u>APPLICATION STATUS</u>		<u>Date Applied for or Project Number</u>
		<u>Pending</u>	<u>Approved</u>	
5.9 Tidelands (Riparian) Grant, Lease or License.....	_____	_____	_____	_____
5.10 Divert Surface Waters for Private Use.....	_____	_____	_____	_____
5.11 Temporary Water Lowering.....	_____	_____	_____	_____
5.12 Sewer Systems: Collectors, Pump Station, etc.....	_____	_____	_____	_____
5.13 Underground Storage Tanks.....	_____	_____	_____	_____
5.14 Hazardous Waste Permits (Specify).....	_____	_____	_____	_____
5.15 Air Quality Permits....	_____	_____	_____	_____
5.16 Delaware and Raritan Canal Review Zone "Certificate of Approval".....	_____	_____	_____	_____
5.17 Pinelands Certificate.....	_____	_____	_____	_____
5.18 Green Acres Program Review.....	_____	_____	_____	_____
5.19 Other State Agencies' Permits.....	_____	_____	_____	_____

<u>PERMIT TYPE</u> (Use additional sheets if necessary)	<u>N.A.</u>	<u>APPLICATION STATUS</u>		<u>Date Applied for</u> <u>or Project Number</u>
		<u>Pending</u>	<u>Approved</u>	

5.20 Federal Permits.....

Brief Description of the Proposed Project and Intended Use:

6. **Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted. in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Type: Name and Date

Signature of Applicant/Owner

Type: Position Date

Type: Name and Date

Signature of Applicant/Operator

Type: Position Date

Type: Name and Date

Signature of Co-permittee*

Type: Position Date

A. **PROPERTY OWNER'S CERTIFICATION**

I hereby certify that _____
Property Owner's Name

is the owner of the property upon which the proposed work is to be done.

This endorsement is certification that the owner grants permission for the conduct of the proposed activity and authorizes that staff of DEP may conduct on-site inspections as necessary for the review of this application.

In addition, the aforementioned property owner shall certify:

1. Whether any work is to be done within an easement -

Yes _____ No _____
(Initial) (Initial)

2. Whether any part of the entire project will be located within property belonging to the State of New Jersey -

Yes _____ No _____
(Initial) (Initial)

If "Yes", reviewing agency must notify the Department of Treasury, Office of Property Management, CN 226, Trenton, N.J. 08625-0226.

3. Whether any part of the entire project will be located within property belonging to a municipality or county -

Yes _____ No _____

Type or Print Name and Address of Owner
if different from Item 1 on Page 1

Date

Signature of Owner

B. APPLICANT'S AGENT

I, the Applicant/Owner_____ or
Applicant/Operator (when the owner of the facility and the operator of
the facility are distinct parties)_____
or Co-permittee (when the Co-permittee is a local governmental unit)_____
_____ authorize to act as my
agent/representative in all matters pertaining to my application the
following person:

Name_____ Phone_____

Address_____ County_____

City or Town_____ State_____ Zip Code_____

Occupation/Profession_____

(Signature of Applicant/Owner)

(Signature of Applicant/Operator)

(Signature of Co-permittee)*

AGENT'S CERTIFICATION

Sworn before me
this _____ day of
_____ 19 _____

I agree to serve as agent for the above-
mentioned applicant

Notary Public

(Signature of Agent)

C. STATEMENT OF PREPARER OF PLANS, SPECIFICATIONS, SURVEYOR'S OR ENGINEER'S REPORT

I hereby certify that the engineering plans, specifications and engineer's reports applicable to this project comply with the current rules and regulations of the State Department of Environmental Protection with the exceptions as noted.

(Signature of Engineer/Architect)

Type: Name and Date

Position, Name of Firm

PROFESSIONAL ENGINEER'S/ARCHITECT'S
EMBOSSSED SEAL